DEPARTMENT OF HEALTH AND MENTAL HYGIENE ABILITY TO PAY SCHEDULE FY 2017 (MEDICAL DAY CARE SERVICES ONLY)

EFFECTIVE 07/1/16

GROSS ANNUAL INCOME

NUMBER OF FAMILY MEMBERS

BOTTOM	TOP	1	2	3	4	5	
0	5,810		MAY BE EI	LIGIBLE FOR	MEDICAL AS	SISTANCE	
5,811	6,310			<u> </u>			
6,311	7,310				_		
7,311	8,486						
8,487	9,350						MEDICAL ASSISTANCE
9,351	10,360		_				LINE
10,361	11,880	10%		FEDERAL			
11,881	13,610	20%			POVERTY		
13,611	15,930	30%				LEVEL	
15,931	16,020	40%	30%				
16,021	18,930	50%	40%		_		
18,931	20,160	60%	50%	40%	1		
20,161	24,300	70%	60%	50%	40%		
24,301	28,440	80%	70%	60%	50%	40%	_
28,441	32,580	90%	80%	70%	60%	50%	
32,581	36,730	100%	90%	80%	70%	60%	
36,731	40,890	100%	100%	90%	80%	70%	
40,891	45,050	100%	100%	100%	90%	80%	
45,051	49,210	100%	100%	100%	100%	90%	
49,211	+	100%	100%	100%	100%	100%	

NO ONE WILL BE DENIED SERVICE DUE TO INABILITY TO PAY.

THE FEE AS DETERMINED BY THIS ABILITY TO PAY SCALE SHALL BE THE PERCENTAGE APPLIED TO THE RATE PER DAY AS ESTABLISHED BY THE DIVISION OF COST ACCOUNTING & REIMBURSEMENT

A THERAPEUTIC FEE OF \$6.00 FOR A DAY OF CARE MAY BE ASSESSED FOR PARTICIPANTS TO BE SERVED UNDER THE OFFICE OF HEALTH SERVICES FUNDING AGREEMENTS.